American Academy of Pediatrics

TESTIMONY

of the

AMERICAN ACADEMY OF PEDIATRICS

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"The Reid-Kennedy Bill's Amnesty:
Impacts on Taxpayers, Fundamental Fairness and the Rule of Law."

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The American Academy of Pediatrics (AAP) is an organization of 60,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists, who are deeply committed to protecting the health of children, adolescents and young adults in the United States. Our testimony in today's Oversight Hearing, "The Reid-Kennedy Bill's Amnesty: Impacts on Taxpayers, Fundamental Fairness and the Rule of Law," will focus on children, the innocent victims of illegal immigration.

Children, whether they are undocumented or not, need care in our communities. Most immigrant children's care should be preventive, but too often, that care is foregone. Comprehensive, coordinated, and continuous health services provided within a medical home should be integral to all efforts on behalf of immigrant children. Children need and deserve access to care, and communities benefit when they receive it.

Unfortunately, immigrant children often do not receive the care they need because of federal, state and local laws limiting payment for their care, or a generalized belief that if children seek care, their families or loved ones may become the target of law enforcement.

AAP believes that barriers to access, such as the recent promulgation of rules by the Centers for Medicare and Medicaid Services requiring Medicaid recipients to document citizenship and identification, will harm the health of the children in our country and the communities they live in.

Immigrant Children

One in every five American children is a member of an immigrant family. About one-third of the nation's low-income, uninsured children live in immigrant families. Children of immigrants, often racial or ethnic minorities, experience significant health disparities. These disparities arise because of complex and often poorly understood factors, many of which are worsened by the circumstances of their lives. Although these children have similar challenges with regard to poverty, housing, and food, significant physical, mental, and social health issues may exist that are unique to each individual child.

Children of immigrants are more likely to be uninsured and less likely to gain access to health care services than children in native families. Socioeconomic, financial, geographic, linguistic, legal, cultural, and medical barriers often limit these families from accessing even basic health care services. Once care is available, communication barriers often result in immigrant children receiving lower-quality services. Many immigrant families also have varied immigration statuses that confer different legal rights and affect the extent to which these families are eligible for public programs such as SCHIP, the State Children's Health Insurance Program, and Medicaid. Thus, the immigration status of children in the same family may differ. As a result, a foreign-born child may be ineligible for insurance coverage, while his or her younger, U.S.-born sibling is eligible as a native citizen.

Each immigrant's experience is unique and complex but certain overarching health issues are common in caring for immigrant families. Immigration imposes unique stresses on children and families, including:

- depression, grief, or anxiety associated with migration and acculturation;
- separation from support systems;
- inadequate language skills in a society that is not tolerant of linguistic differences;
- disparities in social, professional, and economic status between the country of origin and the United States; and
- traumatic events, such as war or persecution, that may have occurred in their native country.

The health of immigrant children not only impacts the child, it impacts the entire community. Preventive care commonly provided to children born in the United States will often not be available to children of immigrants. Left untreated, the health issues caused by this lack of prevention cause immigrant families to seek care for their children in emergency settings. Children commonly present with worse health status in the emergency room than if they had received preventive care.

Beyond the health status of the child, communities should also care about the health of the children who live in them because immigrant children may have diseases that are rarely diagnosed in the United States. Left untreated, these diseases may be passed on to the communities in which immigrant children reside. In addition, many foreign-born children have not been immunized adequately or lack documents verifying their immunization status. Dental problems are also common among immigrant children.

The measles vaccine is an example of the importance of prevention for communities. Measles is a highly infectious viral disease that can cause a rash, fever, diarrhea and, in severe cases, pneumonia, encephalitis and even death. Worldwide, it infects some 30 million people and causes more than 450,000 deaths a year. In the United States, measles was once a common childhood disease, but it had been largely eliminated by 2000. Nevertheless, an outbreak of measles occurred in Indiana last year. A 17-year-old unvaccinated girl who visited an orphanage in Romania on a church mission picked up the virus there.

When the girl returned, she attended a gathering of some 500 church members that included many other unvaccinated children. By the time the outbreak had run its course, 34 people had become ill. Three were hospitalized, including one with life-threatening complications. Clearly, communities should care about the health of those who reside in them.

Federal and State Health Programs for Immigrants

One of the most important risk factors for lack of health coverage is a child's family immigration status. Some children in the United States are ineligible for Medicaid and SCHIP because of immigrant eligibility restrictions. Many others are eligible but not enrolled because their families encounter language barriers to enrollment, are confused about program rules and eligibility status, or are worried about repercussions if they use public benefits.

The vast majority of immigrant children meet the income requirements for eligibility for Medicaid or the State Children's Health Insurance Program (SCHIP), but for various reasons are not enrolled. Medicaid and SCHIP are not available to most immigrant children because of

eligibility restrictions imposed by various federal laws. Two examples include the sponsor deeming rule and the recently promulgated citizenship and identification documentation requirements.

While qualified immigrants can become eligible to receive federal benefits after five years of U.S. residency, secondary rules often interfere with their access to benefits, such as the "sponsor deeming" rule. Current law requires that people who immigrate through family "sponsors" may have their sponsors' income counted in determining eligibility. This rule applies even if the sponsor lives in a separate household and does not actually contribute to the immigrant's financial support. Sponsor deeming has made a majority of low-income immigrants ineligible for benefits, even after five years have passed. Moreover, if an immigrant uses certain benefits, including Medicaid and SCHIP, his or her sponsor can be required to repay the government for the value of the benefits used until the immigrant becomes a citizen or has had approximately 10 years of employment in the United States. Together, these requirements impose significant barriers to securing health coverage, even when immigrant children are otherwise eligible.

Immigrant children who used to qualify based on certifications as to their immigrant status now may not qualify because of changes contained in the Deficit Reduction Act. These changes require that Medicaid applicants, who would otherwise qualify, must now also provide documentation such as a passport or original birth certificate to verify their citizenship status and identity. While designed to weed out fraud and abuse from the system, AAP has already received information that the rule has limited access to care for poor children who would otherwise qualify for Medicaid. An extreme example of this can be found in new rules denying coverage for children born in the United States to undocumented mothers.

According to these new rules, newborns may not be eligible for Medicaid until strenuous documentation requirements have been satisfied. Hospital records may not be used in most cases to prove that children are citizens, even though the child was born in the hospital providing care and are, by definition, citizens. Thus, care for some citizen newborns may not be paid for by Medicaid because paperwork documenting their status is not yet available. Pediatricians treating these citizen newborns whether they are low-birthweight, have post-partum complications, or simply need well-baby care, may not be paid. This result is completely unnecessary because the child will eventually qualify for Medicaid benefits as a result of where he or she was born.

Recommendations

Lawmakers should be aware of and sensitive to the onerous financial, educational, geographic, linguistic, and cultural barriers that interfere with achieving optimal health status for immigrant children. This awareness should translate into:

- CMS confirming with states that newborns are presumed eligible for Medicaid coverage. Paperwork should not delay payment for services provided to resident newborns.

- The deemed sponsor rule should be changed so that immigrant children are not denied access to insurance, and by extension, quality health care.

- The pooling of community resources to address unpaid-for care provided by pediatricians to immigrant children. Undocumented children receive care from pediatricians. Communities benefit from the provision of this care. Communities should not expect pediatricians alone to provide the resources needed to furnish this care.

- Encouraging payment policies to support the establishment of a medical home for all children residing in the United States. Comprehensive, coordinated, and continuous health services provided within a medical home should be integral to all efforts on behalf of immigrant children. In addition, the establishment of a medical home should be a "scorable element" for children, as the medical home will have the effect of providing care for children away from the emergency room in many instances.

- Outreach efforts for children who are potentially eligible for Medicaid and SCHIP but not enrolled, simplified enrollment for both programs, and state funding for those who are not eligible for Medicaid or SCHIP. The Medicaid reciprocity model, which allows Medicaid recipients in one state to qualify for services in another state without reestablishing eligibility, is an example of a model that enables underserved families to access health benefits more easily.

In closing, the American Academy of Pediatrics seeks to ensure that Congress keeps in mind the children we care for as it considers restructuring immigration law. Pediatricians and a host of other health professionals provide care to children throughout the United States. We must not compromise children's health in the name of reform.